

TRAGEDY AT THE CENTENNIAL OLYMPICS

Mr. COVERDELL. Mr. President, I have just returned from the Centennial Olympics in my home city of Atlanta.

I ask unanimous consent for a brief moment of silence for those who died or were wounded in the bombing the other evening.

The PRESIDING OFFICER. Without objection, it is so ordered.

[Moment of silence.]

Mr. COVERDELL. Mr. President, we, of course, extend our grief and condolences to the family of Alice Hawthorne from Albany, GA, and for Melih Uzunoyoz, a Turkish national, both of whom lost their lives in a terrorist-related bombing that occurred at approximately 1:20 a.m. the other morning. Also, we extend our concern and prayers to the 110 casualties that occurred during the bombing and to the 17 who remain in the hospital.

Mr. President, we all owe a group of law enforcement officers a deep debt. The officer who spotted this bomb and his colleagues, in the face of grave danger, were heroes, in every sense, of the Centennial Olympics. In the face of danger themselves, they remained on site, and with every avenue available and open to them they tried to evacuate the crowd from the area of danger. I am absolutely convinced that, without their diligence and duty, the casualties would have been far, far greater. So these officers, these men and women, who tried to evacuate the park are due a deep debt of gratitude from all of us.

Further, the volunteers and officers who stayed, not knowing whether there was a series of bombs, to help those wounded receive comfort, aid, and assistance so that they might be appropriately hospitalized, performed admirably, incredibly in the face of grave danger. To all the officers, the men and women, Federal, State, and local, who in the following hours did everything within their power to bring order to the situation, and who were deluged with what I characterize as thrill-seekers reporting bombs in other venues, other high-density areas. With precision and expertise and valor, they proceeded to secure this great world event in our State and in our Nation. So my hat is off to these people. Again, the word "hero" comes to mind.

Mr. President, I was first notified of this incident at 3 a.m. in the morning. By 6:30 that morning, I had been in touch with the law enforcement command center, which I visited to try to take stock of the situation. It was a gloomy, dark night, drizzling, and as you might imagine, a sense of great concern and pall fell over all of us. As I was driving back pondering what it was that all of us were confronted with, as I was driving into the city, I looked at the interstate that you have to walk over, which many fans have to walk over in order to get to the grand Olympic stadium, and there was a vision of valor, defiance, courage, and

will—the fans. There they were. I could not believe it. I looked up and, by the thousands, they were walking onto the stadium and throughout the city to the other venues.

It will, in my judgment, be a mark of heroism, broad heroism, on a par with the athletes themselves, because this world community gathered up and said, "No way; we will not be intimidated. We will go on with the games." Not only did IOC proclaim the games would go on—that is a statement—but the key was that the world community said, "The games will go on." The families, the children, all alike, everywhere you went, were coming out to say that the Centennial Olympics is bigger than this heinous act against defenseless and helpless citizens.

In many ways, I think it will mark a period of great thought for us in this country. The Presiding Officer, among others, is very much aware that there has been a growing discussion and debate. I think it probably ultimately will call for vaster resources, a better capacity to deal with this kind of era that we approach as we come to the new century. But, for a moment, I had a chance to personally see a broad statement of valor by people from nation after nation. I talked about it all afternoon. One volunteer had been coming in on the rapid transit system that morning, and the car, of course, as you might expect, was crammed from side to side with people of every nation—Dutch, German, American, and the like—and the fans broke out into song singing as they went on to the venues.

So, again, Mr. President, our grief to the families involved, our thanks to those that stood in the face of danger to help, and our acknowledgment of a heroism and a worldwide statement that was made in Atlanta the very next morning as the centennial games continued.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. KEMPTHORNE). The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. COVERDELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. COVERDELL. Mr. President, under the previous order, I am to be recognized during morning business for a period of 60 minutes.

I ask unanimous consent that during this period I be permitted to yield portions of my time to other Members without losing my right to the floor.

The PRESIDING OFFICER. Without objection, it is so ordered.

THE DRUG EPIDEMIC

Mr. COVERDELL. Mr. President, as I have said many times on the floor, we are in the midst of a drug epidemic in

the United States of enormous proportions that are not yet, I do not believe, fully comprehended. Drug use among our youth has doubled in the last 36 months, ending 12 years of a continued decline in drug use.

Mr. President, this administration, unfortunately, has to come to terms with this issue because it is pretty clear that its decision to shut down the drug office, to shut down interdiction efforts, to dramatically curtail the war on drugs, and to the change policy regarding rehabilitation has had some very, very uncomfortable consequences.

What does it mean when you say drug use has "doubled"? Does that mean two more people use it? No. What it means is there are 2 million American families who have fallen victim to the tragic consequences of involving themselves in drugs.

Mr. President, in a moment I am going to yield to the distinguished chairman of the Judiciary Committee, the senior Senator from Utah. But let me say that among the data we are now discovering is the fact that our youth currently do not see drugs as a threat to them. How could that be? How could it be that the vast majority of youngsters no longer see that as a threat to them? Therefore, they are not concerned about it. Therefore, they use it more freely. Therefore, twice the number use it today.

I just have to say that over the last several months, this cavalier attitude from the President's press secretary and others and the revelation about drug use in the White House itself—I mean, everybody understands the White House is a bully pulpit. If that pulpit is sanctioning, or appears to be sanctioning, or appears to be minimizing the serious effects of drug use, it should not be surprising that our young people do not understand the consequences.

I am afraid that what has surfaced over the last several weeks—the word that comes to mind is "cavalier"—is that it is not really important, that message has created a very, very serious repercussion in our country. It has to be turned around and changed quickly.

Mr. President, with that opening statement, I yield up to 15 minutes to the distinguished Senator from Utah.

The PRESIDING OFFICER. The Senator from Utah is recognized for 15 minutes.

PRIVILEGE OF THE FLOOR

Mr. HATCH. Mr. President, I ask unanimous consent that Patrick Murphy, a detailee on my staff, be granted floor privileges for the remainder of this Congress.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. HATCH. Mr. President, our Federal drug policy is at a crossroads. Unfortunately for Americans, drug control is not a national priority for the Clinton administration. For some time now I have been saying that President

Clinton has been AWOL—absent without leadership—in the war on drugs. Put another way, the Clinton White House has been MIA in the drug war—mired in arrogance. Ineffectual leadership and failed Federal policies have combined with ambiguous cultural messages to generate changing attitudes among our young people and sharp, serious increases in youthful drug use.

This is painfully evidenced by this chart on my right, which shows that after a 12-year steady decline in drug use by high school seniors, from 1980 to 1992, there has been a sharp increase in such drug use during the last 3 years. As you can see, the decline came from 1980 downhill in every one of these categories, and in every one of the categories since 1992 drug use has started to go up sharply.

Even more troubling is that this increase has been uniform as to those who have used drugs in the past month, in the past year, and those children trying drugs for the first time.

No one is more responsible for our current dilemma than President Clinton. For more than 3 years, I have taken to the floor of the Senate to warn my colleagues and the Nation about the threat we face due to President Clinton's abdication of leadership in the war on drugs. What also troubles me is that a defeatist outlook in the drug war appears now to be supplemented by a softer attitude tolerating or excusing drug use.

The Clinton administration has caused serious damage to this country as a direct result of failed policies and absent leadership in the war on drugs. Indeed, as one more manifestation of the administration's arrogance of power, we now know that the White House strong-armed the Secret Service into granting security passes for at least a dozen persons who had engaged in the recent use of, among other illegal drugs, crack cocaine and hallucinogens. In responding to questions concerning this matter, White House spokesman Mike McCurry disdainfully suggested that prior drug use was no big deal. What a terrible message to send to the country, especially to our young people. Where was President Clinton during this episode? Why didn't he admonish his spokesman? When will someone at the White House acknowledge that drug use is a big deal.

To his credit, Mr. McCurry has expressed regret for having been so cavalier; but, it is quite telling that it was the President's spokesman who expressed this attitude of tolerance for drug use. Remember, this is the same President who named the stealth drug czar Lee Brown and Surgeon General Jocelyn Elders, a proponent of legalizing drugs.

Let me be clear. I am not suggesting that people who experimented with drugs in their youth are categorically unfit for public service. But we should not make room at the policy table for

those who have used drugs even as students and believe that their drug use was not a serious wrong, unfortunate step in their life. Nor should those who still use drugs or have recently done so be given a public trust especially in the White House. It is this mindset which will result in defeat.

Both President Reagan and President Bush led from the front on this war, confronting our Nation's drug problems head on with positive results. As a Nation, we were committed to winning the war on drugs, and we were making gains. Since President Clinton has assumed office, his administration's campaign against drugs has been in full retreat, and America is now losing the war.

During the Reagan and Bush era, the United States saw dramatic reductions in casual drug use. From 1977 to 1992, casual drug use was more than cut in half. Cocaine use fell by 79 percent, while monthly use fell from 2.9 million users in 1988 to 1.3 million in 1992. Such reductions were achieved not by hollow rhetoric but through sustained, visible use of the bully pulpit, increased quantities, a clear and quantifiable antidrug policy and, most important, strong Presidential leadership. Substantial investment of resources, coupled with the effective use of the bully pulpit, caused a strong reverberation of anti-drug sentiment throughout this Nation.

From his very first days in office, President Clinton was derailing the effective approaches of prior administrations. Although he promised to "reinvent our drug control programs," and "move beyond ideological debates," the President announced a new approach to drug policy, deemphasizing law enforcement and cutting interdiction. He called his approach a controlled shift. In hindsight, it has been an approach of reckless abdication. The Clinton administration renounced the proven policies of previous administrations and instead oversaw the following:

Federal illegal drug caseloads were reduced by 10.3 percent from fiscal year 1992 to fiscal year 1995;

The Governmentwide interdiction budget was cut by 39 percent since 1993;

Supply reduction has been put in utter disarray, with a 53 percent drop in our ability to interdict and push back drug shipments in the drug transit zone;

Between 1992 and 1994, cocaine seized by the Customs Service and Coast Guard dropped 70 percent and 71 percent, respectively.

The National Drug Control Policy staff was cut from 147 to 25, but Congress did restore funding for adequate staffing levels this fiscal year, and with the President's approval finally admitted that they were wrong;

The administration's fiscal year 1995 budget proposed to slash 621 drug enforcement positions from the DEA, INS, FBI and Customs Service;

From 1992 to 1995, the Drug Enforcement Administration lost 227 agent po-

sitions, more than 6 percent of its agent force;

President Clinton signed legislation repealing mandatory minimums for some drug traffickers and dealers;

And agreed to more than \$230 million in cuts to drug education and prevention funds in 1993.

It really is no surprise, therefore, that as the administration has turned a blind eye to this problem, drug dealers have flooded our Nation's streets with more illegal drugs and steadily declining prices.

For example, as this next chart here reflects, the last several years have seen a dramatic drop in heroin prices. Since 1992, it has dramatically dropped. In fact, you can see it dropped very dramatically there, and then the purity, of course, has been going up. So the drop in heroin prices, combined with the dramatic increase in the purity of such heroin on the streets, has been catastrophic.

The conclusion that can be drawn from these facts is clear. Supply is way up on our city streets resulting in more lethal drugs being available to our children at a much cheaper rate. Despite such glaring evidence, the Clinton administration continues to remain silent on addressing this problem.

In short, since 1992, the bully pulpit has gathered dust, liberal soft-headed policies have been implemented, and a mentality of tolerance for drugs has taken root. As a result, almost every available indicator today shows the United States is losing our fight against drugs. Let us just consider some of the evidence.

First, drugs are cheap and more available. Since 1993, the retail price of cocaine has dropped by more than 10 percent. The price of heroin has plummeted from \$1,647 a gram in 1992 to \$966 a gram in February 1996.

Second, since President Clinton took office, the number of 12- to 17-year-olds using marijuana has almost doubled—2.9 million kids compared with the 1992 level of 1.6 million. According to a most recent University of Michigan study, one in three high school seniors now smokes marijuana, and 48.4 percent of the class of 1995 had tried illegal drugs.

You can see why I got so upset when Mr. McCurry made his comments. Now, to his credit, he has basically apologized for those, and I accept his apology. But it should never have happened to begin with. And it is this tolerance in the White House that is causing these problems. It comes through to these kids and to everybody else, it seems to me.

Third, the number of cocaine and heroin-related emergency room admissions has jumped to historic levels. In the first half of 1995, cocaine-related emergency room cases were 65 percent above the level in the first half of 1991. Heroin admissions soared 120 percent over this same period of time.

Fourth, methamphetamine use has soared with meth-related emergency room admissions in 1995 increasing by

more than 320 percent since 1991. And yet, I might add, someone on the other side of the aisle is blocking consideration of a bipartisan Hatch-Biden methamphetamine bill. I urge the President to call off his guardians of gridlock so we can pass this bill that is critical to this country.

Fifth, LSD use has reached the highest rate since recordkeeping started in 1975. Fully 11.7 percent of the class of 1995 had tried it at least once.

That is mind-boggling.

The widespread increase in illegal drug use is not surprising when the relative ease in which these drugs are now brought across our borders is considered. Recent reports indicate that Mexican drug cartels are no longer interested in merely crossing our southern border to peddle their drugs. Ranchers along the Texas and New Mexico border are now finding themselves being forced to sell their border properties to these armed thugs. They are getting plenty of money for it. Why would they pay these exorbitant rates? But people are afraid not to sell to them for fear they will be killed.

As a result, a virtual superhighway for illegal drug flow into this country is being created—some say has already been created.

We are literally losing ground against drugs. In an effort to call attention to this disturbing development, I will be holding a hearing in the Judiciary Committee this Wednesday on precisely these points: What is happening on our southern border?

Due to President Clinton's failure in the drug war, our children are at greater risk, our law enforcement efforts are strained more than ever, and our borders, it appears, are now being bought up by drug smugglers.

To his credit, President Clinton named Gen. Barry McCaffrey as his new drug czar. General McCaffrey is a committed man. I have respect for him. But it may be too little too late. Such 11th hour tactics do not obviate one absolute truth: For the last 3 years, in the battle to regain our streets from the plague of illegal drugs, this administration has let our country down.

The Nation must have effective moral leadership in this war against drugs. The President has turned back the clock 20 years in the drug war. He has hurt this Nation by his lack of leadership on this issue, and it is time to turn this retreat around.

I again call on our President not just to join, but to lead an attack on illegal drugs and their use in this country.

Mr. President, I ask unanimous consent that a summary and a series of excerpts of relevant reports be printed in the RECORD. They are most informative. I urge my colleagues to read them.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

SUMMARY KEY FINDINGS

Losing ground against drugs

1. The number of 12-17 year-olds using marijuana increased from 1.6 million in 1992 to 2.9 million in 1994.

2. The number of individuals prosecuted for federal drug violations dropped from 25,033 in 1992 to 23,114 in 1993, and still lower to 21,905 in 1994—a 12 percent drop in just two years.

3. Street-level heroin is at a record level, even as the price of a pure gram fell from \$2,032 to \$1,278 per gram between February 1993 and February 1995.

Setting the course: a national drug strategy

1. Attitudes among teenagers about the dangers of drug use are changing—for the worse. After more than a decade of viewing drugs as dangerous, a new generation increasingly sees no harm in using drugs.

2. The President has abandoned the bully pulpit against drugs and radically reduced the staff of the Office of National Drug Control Policy from 147 to 25, rendering it largely ineffectual.

News conference from National Drug Policy Director McCaffrey

1. Heroin's popularity continues to rise and inexperienced dealers are selling dangerous mixtures called heroin "cocktails" which have hospitalized more than 120 people in May alone.

2. Methamphetamine, Rohypnol, Ketamine, Quaaludes, and ephedrine are drugs emerging as "club drugs" and continue to rise in popularity among young adults.

The Clinton administration's continuing retreat in the war on drugs—Heritage Foundation

1. The Clinton Administration's failure to appoint effective leaders in key positions to articulate and enforce a strong anti-drug message has seriously undercut drug efforts.

2. Former drug-policy Director Lee Brown attributes the "troubling" decline in prosecutions to "the policies of the new U.S. Attorneys who de-emphasized prosecution of small-scale drug offenders."

Adolescent drug use likely to increase again in '96—Partnership for a Drug-Free America

1. Driven by increasingly lax attitudes about marijuana, America's teenagers are seeing fewer risks and more personal rewards in drug use. They are less likely to consider drug use harmful and risky, more likely to believe that drug use is widespread and tolerated, and feel more pressure to try illegal drugs than teens did just 2 years ago.

Journal of the Clandestine Laboratory Investigating Chemists Association

1. Numerous labs have been seized showing increasing production of methamphetamines. Laboratory operators are taking advantage of the fact that all sales of the pseudoephedrine drug products, regardless of the quantity involved, are completely unregulated.

Drug use rises again in 1995 among American teens—The University of Michigan

1. Annual surveys of some 50,000 students in over 400 public and private secondary schools nationwide reveal that in 1995, marijuana use continued the strong resurgence that began in the early 1990s with increased use at all grade levels. The proportion of eighth-graders taking any illicit drug has almost doubled since 1991, has risen nearly two-thirds among 10th-graders since 1992, and has risen by nearly half among 12th-graders.

Preliminary estimates from the Drug Abuse Warning Network—Substance Abuse and Mental Health Services Administration

1. Comparing the first half of 1995 with the first half of 1994, there was a 10 percent in-

crease in drug-related hospital emergency department episodes. Heroin-related episodes increased by 27 percent, marijuana-related episodes increased by 32 percent, and methamphetamine-related episodes increased by 35 percent.

Women and drugs—Wall Street Journal (June 6, 1996)

1. Unfortunately, the gender gap among drug users is quickly closing as women catch up with men when it comes to smoking, drinking, and doing drugs.

LOSING GROUND AGAINST DRUGS—A REPORT ON INCREASING ILLICIT DRUG USE AND NATIONAL DRUG POLICY

(Prepared by Majority Staff, Senate Committee on the Judiciary, Senator Orrin G. Hatch, Utah, Chairman)

INTRODUCTION

Through the 1980s and into the early 1990s, the United States experienced dramatic and unprecedented reductions in casual drug use.

The number of Americans using illicit drugs plunged from 24.7 million in 1979 to 11.4 million in 1992. The so-called "casual" use of cocaine fell by 79 percent between 1985 and 1992, while monthly cocaine use fell 55 percent between 1988 and 1992 alone—from 2.9 million to 1.3 million users.

On the surface, little appears to have changed since 1992. For the nation as a whole, drug use remains relatively flat. The vast majority of Americans still do not use illegal drugs.

Unfortunately, this appearance is dangerously misleading. Drug use has in fact experienced a dramatic resurgence among our youth, a disturbing trend that could quickly return the United States to the epidemic of drug use that characterized the decade of the 1970s.

Recent surveys, described in detail in this report, provide overwhelming evidence of a sharp and growing increase in drug use among young people:

The number of 12-17 year-olds using marijuana increased from 1.6 million in 1992 to 2.9 million in 1994. The category of "recent marijuana use" increased a staggering 200 percent among 14-15 year-olds over the same period.

Since 1992, there has been a 52 percent jump in the number of high-school seniors using drugs on a monthly basis, even as worrisome declines are noted in peer disapproval of drug use.

One in three high school seniors now smokes marijuana.

Young people are actually more likely to be aware of the health dangers of cigarettes than of the dangers of marijuana.

Nor have recent increases been confined to marijuana. At least three surveys note increased use of inhalants and other drugs such as cocaine and LSD.

Drug use by young people is alarming by any standard, but especially so since teen drug use is at the root of hard-core drug use by adults. According to surveys by the Center on Addiction and Substance Abuse, 12-17 year-olds who use marijuana are 85 times more likely to graduate to cocaine than those who abstain from marijuana. Fully 60 percent of adolescents who use marijuana before age 15 will later use cocaine. Conversely, those who reach age 21 without ever having used drugs almost never try them later in life.

Described another way, perhaps 820,000 of the new crop of youthful marijuana smokers will eventually try cocaine. Of these 820,000 who try cocaine, some 58,000 may end up as regular users and addicts.

The implications of public policy are clear. If such increases are allowed to continue for

just two more years, America will be at risk of returning to the epidemic drug use of the 1970s. Should that happen, our ability to control health care costs, reform welfare, improve the academic performance of our school-age children, and defuse the projected "crime bomb" of youthful super-predator criminals, will all be seriously compromised.

With these thoughts in mind, I am pleased to present "Losing Ground Against Drugs: A Report on Increasing Illicit Drug Use and National Drug Policy" prepared at my direction by the majority staff of the United States Senate Committee on the Judiciary. This report examines trends in drug use and the Clinton Administration's sometimes uneven response to them, including the Administration's controversial policy of targeting chronic, hardcore drug users. The report also reviews the state of trends in use and availability. And, finally, it evaluates the performance over the past three years of our nation's criminal justice and interdiction systems.

The report finds Federal law enforcement under severe strain just as the technical sophistication of drug trafficking syndicates is reaching new heights. It finds that the Administration's supply reduction policy is in utter disarray, with a 53 percent drop in our ability to interdict and push back drug shipments in the transit zone. The report also finds increases in the purity of drugs and the number of drug-related emergency room admissions of hard-core users.

Federal drug policy is at a crossroads. Ineffective leadership and failed federal policies have combined with ambiguous cultural messages to generate changing attitudes among our young people and sharp increases in youthful drug use.

The American people recognize these problems and are increasingly concerned: A Gallup poll released December 12, 1995 shows that 94 percent of Americans view illegal drug use as either a "crisis" or a "very serious problem." Their concern, which I share, underscores the danger of compromising our struggle against the drug trade. I look forward to addressing the issues raised in this report in future hearings of the United States Senate Committee on the Judiciary.

OVERVIEW

For its first eight months in office, the Clinton Administration's approach to the drug issue could best be described as benign neglect. Then, in September 1993, the Administration announced a new approach to drug policy, promising to "reinvent our drug control programs" and "move beyond ideological debates." The new Administration policy deemphasized law enforcement and shifted away from interdiction, while promising dividends from treating hard-core drug users.

Almost three years into the Administration, however, the results of its early neglect, and subsequent policy "reinvention," are in. Drug use is up—dramatically so among young people. Promised reductions in hard-core use—the centerpiece of the Administration strategy—have failed to materialize. New money to expand the nation's treatment system has coincided with a projected decrease in treatment "slot."

Law enforcement efforts, meanwhile, are not keeping pace with the kingpins who run the drug trade, whose resources and technical sophistication are increasing yearly. Prosecutorial efforts appear to have stumbled as well, with a 12 percent decline in prosecutions over just two years.

Presidentially ordered interdiction cuts appear to have resulted in an increased supply of drugs on American streets. Illicit drugs are now available in greater quantities, at higher purity, and at lower prices than ever before. The Administration's strat-

egy for coping with these problems is predicated on a series of goals that one drug policy expert described as "merely an unprioritized list [that does little] to direct policy."

Viewed together, these factors paint a disturbing picture of inattention to a serious and growing national threat.

PRELIMINARY ESTIMATES FROM THE DRUG ABUSE WARNING NETWORK, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, PUBLIC HEALTH SERVICE

HIGHLIGHTS

The Drug Abuse Warning Network (DAWN) is a national probability survey of hospitals with emergency departments conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey is designed to collect data on emergency department episodes which are directly related to the use of an illegal drug or non-medical use of a legal drug. Analyses in this report focus primarily on recent trends in drug-related episodes. Preliminary estimates for the first half of 1995 are compared with data from the first half of 1994. The major DAWN findings are:

In the first half of 1995, there were 279,100 drug-related hospital emergency department episodes representing an increase of 10 percent from the first half of 1994 (252,600).

An estimated 76,800 cocaine-related episodes were reported in the first half of 1995 compared with 68,400 in the first half of 1994, an increase of 12 percent.

Cocaine-related episodes rose by 21 percent (from 26,100 to 31,500) among persons aged 35 years and older between the first half of 1994 and the first half of 1995. A 17 percent increase was observed among blacks (from 36,200 to 42,500).

The number of heroin-related episodes increased by 27 percent between the first half of 1994 and the first half of 1995 (from 30,000 to 38,100).

Between the first half of 1994 and the first half of 1995, heroin-related episodes increased by 39 percent among whites (from 10,800 to 15,000) and by 32 percent (from 16,100 to 21,100) among persons aged 35 years and older.

Marijuana/hashish-related episodes rose from 19,100 in the first half of 1994 to 25,200 in the first half of 1995, a 32 percent increase. Marijuana episodes usually occur in combination with other substances, particularly alcohol and cocaine.

The number of methamphetamine (speed)-related episodes increased by 35 percent (from 7,800 to 10,600) between the first half of 1994 and the first half of 1995.

INTRODUCTION

This report contains preliminary data for the first 6 months of 1995 and final annual and semi-annual estimates of drug-related emergency department episodes for 1988 through 1994, from the Drug Abuse Warning Network [DAWN], an ongoing national survey of hospital emergency departments.

Since the early 1970's, DAWN has collected information on patients seeking hospital emergency department treatment related to their use of an illegal drug or the nonmedical use of a legal drug. The survey provides data that describe the impact of drug use on hospital emergency departments in the United States. Data are collected by trained reporters—nurses and other hospital personnel—who review medical charts for indications—noted by hospital staff who treated the patients—that drug use was the reason for the emergency department visit. Thus, the accuracy of these reports depends on the careful recording of this information by hospital staff.

To be included in DAWN, the person presenting to the emergency department must

be aged 6 years and older and meet all four of the following criteria:

The patient was treated in the hospital's emergency department;

The patient's presenting problem was induced by or related to drug use, regardless of when the drug ingestion occurred;

The case involved the nonmedical use of a legal drug or any use of an illegal drug;

The patient's reason for taking the substance included one of the following: (1) dependence, (2) suicide attempt or gesture, or (3) psychic effects.

Hospitals eligible for DAWN are non-Federal, short-stay general hospitals that have a 24-hour emergency department. Since 1988, the DAWN emergency department data have been collected from a representative sample of these hospitals located throughout the conterminous United States, including 21 oversampled metropolitan areas. The data from this sample are used to generate estimates of the total number of emergency department drug episodes and drug mentions in all such hospitals.

Recently, SAMHSA conducted a thorough review of the computer programs which produces the DAWN estimates. As a result, corrections were made to the 1993 estimates that had been previously released. Estimated presented in the last DAWN release (Advance Report Number 11 "Preliminary Estimates from the DAWN-1994") and in Annual Emergency Department Data 1993 [Series I, Number 13-A, DHHS Pub. No. (SMA) 96-3080] and in this report are based on these corrected programs. Because the impact on national estimates was found to be small for 1992, those estimates were not revised. However, the impact is significant for some metropolitan areas and may be significant for selected drugs. Thus, readers should use caution when comparing 1992 (and earlier) estimates and 1993 (and later) estimates. See Appendix I for details.

Estimates from DAWN are released periodically in reports such as this Advance Report, and are published in Annual Reports which contain more detailed tables and a complete description of the DAWN methodology (reference: Annual Emergency Department Data 1993, Series I, Number 13-A, DHHS Pub. No. (SMA) 96-3080). 1995 estimates in this report are preliminary because they are based on incomplete data and adjustment factors from the previous year. Final estimates for 1995 will be published later when all hospitals participating in DAWN have submitted their data and when additional ancillary data used in estimation become available. The differences between preliminary and final estimates are due to several factors: final estimates include data from a small number of late-reporting hospitals; additional hospitals are added to the sample and incorporated into the final estimates; and data from the most current listings of all eligible hospitals are used to produce the final weights.

The DAWN system also collects data on drug-related deaths from a nonrandom sample of medical examiners. Data from medical examiners are not included in this report. Medical examiner data are published annually (reference: Annual Medical Examiner Data 1994, Series I, Number 14-B, DHHS Pub. No. (SMA) 96-3078).

SETTING THE COURSE—A NATIONAL DRUG STRATEGY

(By the Task Force on National Drug Policy, and convened by: Majority Leader Bob Dole and Speaker Newt Gingrich)

TASK FORCE ON NATIONAL DRUG POLICY

Senator Charles Grassley, Co-Chair,
Senator Orrin Hatch, Co-Chair,
Senator Spence Abraham,

Senator John Ashcroft,
 Senator Paul Coverdell,
 Senator Alfonse D'Amato,
 Senator Mike DeWine,
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 Representative Mike Forbes,
 Representative Ben Gilman,
 Representative Bill McCollum,
 Representative Rob Portman,
 Representative Ileana Ros-Lehtinen,
 Representative Clay Shaw,
 Representative J.C. Watts.

EXECUTIVE SUMMARY

The facts are simple. After more than a decade of decline, teenage drug use is on the rise. Dramatically. Every survey, every study of drug use in America reconfirms this depressing finding.

What is even more disturbing is that attitudes among teenagers about the dangers of drug use are also changing—for the worse. After more than a decade of viewing drugs as dangerous, a new generation increasingly sees no harm in using drugs.

Just such a shift in attitudes engendered the last drug epidemic in this country. The 1960s saw a significant movement among many of the nation's intellectual leaders, media gurus, and even some politicians that glorified drug use. These attitudes influenced the thinking and decision making of many of our young people. We are still living with the consequences of the 1960s and 1970s attitudes in the form of a long-term addict population and thousands of casualties, including a staggering number of drug-addicted newborns and many of our homeless.

The American public recoiled at the social pathologies associated with the illegal drug epidemic then, and recent polls indicate that they are just as concerned today that we are about to repeat history because we failed to learn our lesson. Despite the fact that we made major inroads on reducing drug use in the 1980s, the press and many others have helped to create the idea that nothing works and that our only policy options are the decriminalization or outright legalization of drugs.

The media turned their attention away from the drug issue and have not returned to it in the last three years. The Clinton Administration has downplayed the drug issue, demoting it as a national priority and distancing the President from it. The message that drug use was wrong was de-emphasized, while interdiction and enforcement were downplayed in order to concentrate on treatment. The result has been to replace "Just Say No" with "Just Say Nothing." We are suffering the consequences.

On December 13, 1995, Majority Leader Bob Dole and Speaker of the House Newt Gingrich convened a bicameral Task Force on National Drug Policy to break the silence. They asked the Task Force to make recommendations on how Congress might, as it has many times in the past, put drugs back on the national agenda. This report is the result of the Task Force's efforts. It reflects the results of town meetings, discussions with experts, and meetings with leading treatment and prevention organizations. This report represents a beginning of effort not the conclusion.

The Task Force's first and most important recommendation calls for a serious national drug strategy. Recent Administration strategies have been thin and they have arguably failed to meet the clear statutory obligation that specific and measurable objectives be included. Our national strategy is incomplete and has focused efforts in areas that have not worked. We need a more serious effort.

Such a strategy does not have to re-invent the wheel. It does need to do the right things with the right stuff. This means a focus on prevention, law enforcement, and interdiction. It means presidential leadership within the Executive Branch and at large. It involves congressional oversight of programs and support to effective, well-managed efforts. It means a program that adds substance to rhetoric and matches ends to means in a sustainable effort.

A reinvigorated national drug strategy needs to focus on five major elements:

1. We need a sound interdiction strategy that employs our resources in the transit zone, in the source countries of Latin America, and near the borders to stop the flow of illegal drugs. This means renewed efforts at US Customs, DEA, INS, DoD, and the Coast Guard to identify the sources, methods, and individuals involved in trafficking and going after them and their assets.

2. A renewed commitment to the drug effort requires a serious international component that increases international commitment to the full range of counter-drug activities. These must involve efforts to prevent money laundering; to develop common banking practices that prevent safe havens; serious commitments to impose sanctions on countries that fail to meet standards of co-operation; efforts to ensure proper controls over precursor chemicals; and an international convention on organized crime that develops common approaches for targeting the main international criminal organizations, their leaders and assets.

3. US national drug strategy should also take steps to ensure that drug laws are effectively enforced, particularly that there be truth in sentencing for rug trafficking and drug-related violent crimes.

4. Prevention and education are critical elements in a renewed strategy. There needs to be greater coordination and effective oversight of Federal prevention and education programs, which should involve the integration of disparate drug programs in HHS, DoJ, and elsewhere under one authority. This more integrated approach should focus on empowering local communities and families, and must develop more effective evaluation programs to determine which delivery mechanisms are the best.

5. Treatment must remain an important element to any strategy, but more needs to be done to eliminate duplication and waste. A renewed strategy needs to look at establishing more effective evaluation techniques to determine which treatment programs are the most successful. Accountability must be a key element in our programs.

We also need to look at the role of religious institutions in our efforts to combat drug use. America cannot ignore the link between our growing drug problem and the increase in moral poverty in our lives.

The members of the Task Force also note that even the best strategy in the world is worth no more than the effort spent on turning it into reality. Thus, the Administration and Congress have a responsibility to develop and implement sustained and sustainable programs. An effective effort, however, must go beyond what the Executive and Congress can do. A true national effort must involve parents, families, schools, religious institutions, local and state governments, civic groups, and the private sector.

Finally, the Task Force members note that many of our current social pathologies, in addition to drug use, arise from causes directly related to a climate that disparages essential moral and ethical principles of personal behavior. Out of the best of intentions, we have pursued policies that have replaced a sense of personal responsibility with conscienceless self-esteem. In doing so, we

have belittled traditional family virtues and encouraged a cheapening of social discourse. Our public places have become threatening to decent people because of misplaced tolerance for aggression and public incivility. Many of our children are now having children, born out of wedlock into lives of meanness and violence.

In calling for a recommitment to sustained, coherent efforts against drugs, the Task Force members recognize that this effort is part of a larger struggle for the soul of our young people and our future. We reject the counsels of despair that say that nothing can be done. That our only recourse is to declare surrender and legalize drugs. We recognize that the drug problem is a generational one. Every year the country produces a new platoon of young people who must be guided to responsible adulthood. A continuing, vital anti-drug message sustained by meaningful prevention, law enforcement and interdiction programs is part of the responsibility our generation has to the next. This report is a wake-up call to America to do its duty.

THE UNIVERSITY OF MICHIGAN,
 December 11, 1995.

DRUG USE RISES AGAIN IN 1995 AMONG AMERICAN TEENS

ANN ARBOR.—The use of drugs among American secondary school students rose again in 1995, continuing a trend that began in 1991 among eighth-grade students, and in 1992 among 10th- and 12th-graders, according to scientists at the University of Michigan.

The proportion of eighth-graders taking any illicit drug in the 12 months prior to the survey has almost doubled since 1991 (from 11 percent to 21 percent). Since 1992 the proportion using any illicit drugs in the prior 12 months has risen by nearly two-thirds among 10th-graders (from 20 percent to 33 percent) and by nearly half among 12th-graders (from 27 to 39 percent.)

The findings are from the Monitoring the Future Study, a series of annual surveys of some 50,000 students in over 400 public and private secondary schools nationwide. The U-M investigators who have directed the study for the 21 years of its existence are social scientists Lloyd Johnston, Jerald Dachman and Patrick C. Malley—all faculty at the U-M's Survey Research Center. The work is supported by the National Institute on Drug Abuse, one of the National Institutes of Health in the U.S. Department of Health and Human Services.

In 1995, marijuana use, in particular, continued the strong resurgence that began in the early 1990's, with increased use at all three grade levels. Among eighth-graders, annual prevalence (i.e., the proportion reporting any use in the 12 months prior to the survey) has risen to two-and-one-half times its level in 1991, from 6 percent in 1991 to 16 percent in 1995. Among 10th-graders, annual prevalence has nearly doubled from the low point in use in 1992 of 15 percent to 29 percent in 1995; among 12th-graders annual prevalence has increased by more than half, from the low point of 22 percent in 1992 to 35 percent in 1995.

"Of particular concern in the continuing rise in daily marijuana use," observes Johnston. Nearly one in 20 (4.6 percent) of today's high school seniors is a current daily marijuana user, and roughly one in every 35 10th-graders (2.8 percent). Fewer than one in a hundred eighth-graders use at that level (0.8 percent). These rates have risen sharply as overall marijuana use has increased.

The investigators found that while marijuana use has shown the sharpest increase, the use of a number of other illicit drugs, including LSD, hallucinogens other than LSD, amphetamines, stimulants, and inhalants, has also continued to drift upward.

The use of LSD continued to rise in all three grade levels in 1995, continuing longer-term increases that began at least as far back as 1991. The proportions reporting and LSD use in the 12 months prior to the 1995 survey were 3 percent, 7 percent, and 8 percent for eighth-, 10th-, and 12th-graders, respectively.

Hallucinogens other than LSD, taken as a class, showed smaller increases in 1995 at all three grade levels. The annual prevalence rates for eighth-, 10th-, and 12th-graders are considerably lower than for LSD: 2 percent, 3 percent, and 4 percent, respectively.

The longer-term rise in the use of amphetamine stimulants continued in 1995 at the eighth- and 10th-grade levels, but use leveled among 12th-graders. Annual prevalence rates are 9 percent, 12 percent, and 9 percent for grades eight, 10, and 12, respectively.

The use of cocaine in any form continued a gradual upward climb, though most of the one-year changes do not reach statistical significance. The same is true for crack cocaine. So far, at least, these increases have been very gradual. The annual prevalence rates for use of cocaine in any form are 2.6 percent, 3.5 percent, and 4 percent for grades eight, 10, and 12, respectively, while for crack use they are 1.6 percent, 1.8 percent, and 2.1 percent.

Several other classes of illicit drugs also have been showing very gradual increases since the early 1990s, including tranquilizers and three drug classes reported only for 12th-graders—barbiturates, ice (crystal methamphetamine), and opiates other than heroin.

Questions about heroin use have been in the study from the beginning and have generally shown low (and for many years among 12th-graders, stable) rates of use. However, use began to rise after 1991 among 10th- and 12-graders, and after 1993 among eighth-graders, as well. There was a statistically significant increase in annual heroin prevalence among eighth-graders in 1994, and then among 12-graders in 1995. All three grades showed some increase in both years. While the annual prevalence rates for heroin remain quite low in 1995 compared to most other drugs, they are nevertheless two to three times higher than they had been a few years ago. The annual prevalence rates in 1995 are between 1.1 percent and 1.4 percent at all three grade levels.

The small increase in heroin use in 1994 led the investigators to distinguish in half of the 1995 questionnaires between two different methods for taking heroin: with a needle and without a needle. Their hypothesis was that non-injection forms of use (e.g., snorting or smoking) may be accounting for the rise in overall use. Consistent with this hypothesis, in 1995 a large proportion of those reporting heroin use indicated that at least some of their use involved a non-injection method of administration (63 percent, 75 percent, and 89 percent of the past-year heroin users in grades eight, 10, and 12, respectively). Further, a substantial proportion indicated using heroin only in a non-injectable form (32 percent, 45 percent, and 57 percent of the past-year heroin users for grades eight, 10, and 12, respectively).

"Obviously this is not a runaway epidemic among teens, but it should give rise to some caution," Johnston comments. "Many of these young users may be under the misconception that they cannot become addicted to heroin if they use it in a non-injectable form. The fact is that they can. In Southeast Asia and other parts of the world there are many thousands of opium smokers who are heavily addicted, and heroin is simply a powerful derivative of opium.

"While these levels of illicit drug use are certainly reason for concern," observes

Johnston, "it should be noted that they are still well below the peak levels attained in the late 1970s. We are in a relapse phase in the longer-term epidemic, if you will, but it is certainly not something over which society is powerless. Our great progress in the past at lowering the rates of illicit drug use among our young people is proof of that." To illustrate, between 1979 and 1992, the proportion of 12th-graders reporting using any illicit drug in the 12 months prior to the survey fell by half, from 54 percent to 27 percent.

Alcohol use among American secondary students generally has remained fairly stable in the past few years, though at rates which most adults would probably consider to be unacceptably high. (This remains true in 1995, although there has been some small increase among 12th-graders over the past two years.) In 1995 the proportions of students having five or more drinks in a row during the two weeks preceding the survey were 15 percent, 24 percent, and 30 percent for the eighth-, 10th-, and 12th-graders, respectively.

[From the Background, the Heritage Foundation, July 12, 1996]

THE CLINTON ADMINISTRATION'S CONTINUING RETREAT IN THE WAR ON DRUGS

(By John P. Walters and James F.X. O'Gara)

HIGHLIGHTS

The Clinton Administration has a poor record in fighting the war on drugs. Interdiction efforts and prosecution for illegal drugs are down, illegal drug usage and emergency room admissions are up. Part of the problem has been a failure in personnel management: the inability or unwillingness to appoint effective leaders in key positions to articulate and enforce a strong anti-drug message, as well as inappropriate reductions in staff at agencies dedicated to dealing with the problem on the front lines.

The President must exercise leadership on this issue and use his bully pulpit to send an unambiguous anti-drug message. Members of Congress also need to focus federal efforts on law enforcement and interdiction programs that work, and fund only those rehabilitation programs that have a track record of success. One way Congress can do this is to allow funding for drug counseling and drug rehabilitation programs provided by religious organizations.

America's illegal drug problem is complex and presents a special challenge for policymakers in Congress and the White House. But the complexity and the difficulty of the issue are no excuse for ineffective policy and a lack of serious effort.

INTRODUCTION

The Clinton Administration continues to retreat in the war on drugs. After a decade of consistent progress during the Reagan and Bush Administrations, almost every available indicator today shows the United States is losing—some would say surrendering—in the prolonged struggle against illegal drugs. Consider the evidence:

Since President Clinton took office, the number of 12-to-17-years-olds using marijuana has almost doubled—2.9 million compared with the 1992 level of 1.6 million.¹ One in three high school seniors now smokes marijuana, and 48.4 percent of the Class of 1995 had tried drugs by graduation day.²

LSD use has reached the highest rate since record-keeping started in 1975. Fully 11.7 percent of the Class of 1995 had tried it at least once.³

The number of cocaine-and heroin-related emergency room admissions has jumped to historic levels. In the first half of 1995, co-

caine-related emergency room cases were 65 percent above the level in the first half of 1991. Heroin admissions soared 120 percent over the same period.⁴

Methamphetamine use has turned into a major problem, particularly in the Western United States. In the first half of 1995, meth-related emergency room cases were up by 321 percent compared with the first half of 1991.⁵

While there are many different reasons for this deterioration in America's resistance to illegal drugs, part of the explanation is a failure in federal policy. President Clinton and his Administration have demonstrated little leadership on the issue and have failed to send out an unambiguous message of disapproval to young Americans. The President's personnel appointments in this area have ranged from the virtually invisible, as in the case of former "drug czar" Lee Brown, to the embarrassing, as in the case of Dr. Joycelyn Elders, former Surgeon General of the United States. Staffing at the Office of National Drug Control Policy was cut by 80 percent—from 147 to 25. Moreover, although the President's election year budget reverses this cut and requests major increases for drug law enforcement, his FY 1995 request would have eliminated 621 drug enforcement positions.

The Clinton Administration's policy initiatives have been similarly ineffectual, especially their focus on hard core drug users at the expense of stronger law enforcement and interdiction. The evidence is in: Federal illegal drug caseloads fell by 10.3 percent from FY 1992 to FY 1995; the government-wide interdiction budget has been cut 39 percent since 1993; the impact of interdiction programs has dropped off sharply; and drug-related hospital emergency room admissions have hit record levels.

Instead of pursuing ineffectual anti-drug policies and giving the impression that curbing drug use is not a priority, the President and Congress should demonstrate leadership in this deadly contest. If the United States is serious about combating the infiltration of illegal drugs across America's borders and into the nation's cities, towns, neighborhoods, and schools, several steps need to be taken:

The President must use the "bully pulpit" of his office to send out a clear message that drug use is unacceptable.

American must assist its allies in Latin America and elsewhere in their efforts to take on the drug cartels.

The President must propose budgetary, personnel, and policy initiatives that make it absolutely clear that Washington means business in curbing the flow of drugs into America.

Congress should pass legislation to close loopholes that result in excessively lenient sentences for marijuana smugglers.

Congress should continue to block the United States Sentencing Commission's proposals to lower sentences for crack cocaine dealers.

Washington must get serious about promoting rehabilitation that works, such as religion-based programs, instead of simply funding programs that promise to rehabilitate drug addicts and fail to deliver. Congress should re-evaluate all treatment programs carefully. The basis of federal funding for drug rehabilitation should be a clear track record of success.

America succeeded in reducing the rate of drug use, especially among vulnerable teenagers, in the 1980s because local efforts were reinforced by a serious program of law enforcement, interdiction, and hard-headed demand reduction policies, and because the Reagan and Bush Administrations made it very clear that they were determined to win the war against drugs. Unfortunately, the

Footnotes at end of article.

Clinton Administration has adopted a very different posture, and America is now losing the war.

THE FAILURE OF LEADERSHIP

The illegal drug problem is admittedly complex, but complexity is no excuse for inaction. President Clinton began derailing the successful approaches of prior administrations from the earliest days of his presidency. After promising to "reinvent our drug control programs" and "move beyond ideological debates," the President announced a new approach to drug policy, de-emphasizing law enforcement and effecting a "controlled shift" away from interdiction. More important, in a message to Congress, he promised to "change the focus of drug policy by targeting chronic, hardcore drug users."⁶ This ineffectual policy—the latest manifestation of the liberals' commitment to a "therapeutic state" in which government serves as the agent of personal rehabilitation—seems to have been rejected even by the President's new drug czar. General Barry McCaffrey, who has moved to elevate the profile of prevention programs.

Cuts in the interdiction system and the dismantling of other programs with records of success have been accompanied by the increased availability of drugs. Ironically, the Clinton drug policy has been most harmful to its intended beneficiaries—the very hardcore drug addicts who are cycling through emergency rooms at record rates.

The President's lack of visibility on the drug issue has drawn criticism from prominent congressional supporters of drug control programs, including leading Democrats in the House and Senate. Senator Joseph Biden (D-DE) admits he has "been openly critical of this President's silence."⁷ And Representative Charles Rangel (D-NY) has gone so far as to declare, "I've been in Congress over two decades, and I have never, never, never found any Administration that been so silent on this great challenge to the American people."⁸

In fact, since taking office, President Clinton has been significantly engaged in only one aspect of the drug problem—drugs in schools, which arguably is not even the federal government's responsibility. In June 1995, Clinton promised to veto any attempt by the 104th Congress to cut the Safe and Drug-Free Schools and Communities program, which Congress had evaluated and found to be ineffective. Bob Peterson, former Michigan drug czar, described the program as a "slush fund," and even former ONDCP Director Lee Brown acknowledged "abuses of the program" in testimony before a House subcommittee.⁹

The Disturbing Change in the Trends. During the 1980s and early 1990s, the United States experienced dramatic reductions in casual drug use—reductions that were won through increased penalties, strong presidential leadership, and a clear national anti-drug message. Beyond the substantial investment of resources, engaged commanders in chief used the bully pulpit to change attitudes. Because Ronald Reagan and George Bush visibly involved themselves in the effort to combat illegal drugs, they helped rescue much of a generation. Overall, casual drug use was cut by more than half between 1977 and 1992. Casual cocaine use fell by 79 percent, while monthly use fell from 2.9 million users in 1988 to 1.3 million in 1992.¹⁰ Strong presidential leadership had tangible effects.

Against this backdrop of accomplishment, Bill Clinton promised to get even tougher than his predecessors. Indeed, while campaigning for the presidency, then-Governor Clinton appeared to take an even harder line on illegal drugs than Bush, declaring that

"President Bush hasn't fought a real war on crime and drugs . . . [and] I will." On the link between drugs and crime, Clinton said, "We have a national problem on our hands that requires a tough national response."¹¹

Despite the tough rhetoric, however, the President's performance has been disappointing. Perhaps the first solid indication that rhetoric and reality would not fit neatly in the same policy box was the appointment of Dr. Joycelyn Elders of Arkansas as Surgeon General of the United States. Dr. Elders, among other things, offered the taxpayers the tantalizing theory that legalization of drugs might "markedly reduce our crime rate" without increasing drug use.¹² As for the President himself, his image of rhetorical toughness was compromised on occasion by remarks that could at best be described as indifferent, at worst as flip-pant.¹³

DOWNGRADING THE WAR ON DRUGS

The President's ill-considered public words have been accompanied by a reduction in tangible resources and effort. Within weeks of taking office, the Clinton Administration announced that it would slash the Office of National Drug Control Policy staff from 147 to 25. The President made the Director of the Office a member of the Cabinet, but the move was empty symbolism. This became painfully evident when his new Director, former New York City Police Commissioner Lee P. Brown, was observed to be virtually invisible during his two-and-one-half-year tenure. President Bush's Drug Policy Director, William Bennett, told Congress that the Clinton Administration cuts essentially would relegate the new Director to the position of an office clerk.¹⁴

Cuts in the drug czar's office prefigured much larger cuts in federal enforcement and interdiction agencies. The Administration's fiscal 1995 budget, for example, proposed to slash 621 drug enforcement positions from the Drug Enforcement Administration (DEA), Immigration and Naturalization Service (INS), Customs Service, FBI, and Coast Guard.¹⁵ The DEA, America's only law enforcement agency dedicated exclusively to fighting the drug trade, lost 227 agent positions between September 1992 and September 1995—more than 6 percent of its agent force.

Declining Caseloads. Cuts in law enforcement paralleled reduced drug case filings. The Administrative Office of the U.S. Courts registered a 10.3 percent reduction in federal case filings between FY 1992 and FY 1995, and the total number of defendants indicted in these cases declined by 8.5 percent. The number of federal drug cases refused for prosecution increased by 18.6 percent over the same period as U.S. Attorneys pursued more investigations into health-care fraud and other areas deemed to be of greater priority than combating illegal drugs.

In an April 26, 1995, letter to Senate Judiciary Committee Chairman Orrin G. Hatch (R-UT), then-Drug Policy Director Lee Brown attributed the "troubling" decline in prosecutions to "the policies of the new U.S. Attorneys who de-emphasized prosecution of small-scale drug offenders." Director Brown also quoted the Administrative Office of the U.S. Courts to the effect that the change had been "consistent with DOJ policy".

Despite the abundance of data confirming the declining trend in illegal drug prosecutions, Clinton Administration officials have cited different figures, compiled by the Executive Office of U.S. Attorneys, to suggest that case filings and defendants prosecuted actually rose 12.9 and 12.1 percent, respectively, between fiscal 1994 and fiscal 1995. But even according to these figures, the number of drug defendants prosecuted dropped for the three years prior to 1995, and remains 5.2 percent below the FY 1992 level.¹⁶

In a textbook illustration of the laxness of Clinton Administration drug policy, the *Los Angeles Times* revealed on May 12, 1996, that hundreds of marijuana smugglers "have been allowed to go free after U.S. authorities arrested them with substantial quantities of drugs at ports of entry in California."¹⁷ Attorney General Janet Reno objected to the article's claims, noting that the individuals in question are "punished" by having their border crossing cards confiscated. Ms. Reno added that prosecution may be "deferred" only if five mitigating factors are present, a claim that elicited this reaction from Bush Administration Drug Enforcement Administration head Robert C. Bonner:

Reno claims that only Mexican nationals qualify under the leniency policy. This results in two standards of justice. U.S. citizens are prosecuted, but Mexican nationals get a free ride to Mexico.

Another criterion is being caught with under 125 pounds of marijuana. So, if you are smuggling "only" 100 pounds, with a wholesale value of over \$100,000, you meet one of the criteria.

Now, Reno also says that there must also be "insufficient evidence" of knowledge and intent, but, of course, no one should be prosecuted, regardless of citizenship or quantity, if evidence of knowledge and intent are not present.¹⁸

Dropping the Safeguards. The Clinton Administration began to reduce America's drug interdiction efforts within a year of the inaugural. On November 3, 1993, against the vehement objections of senior Coast Guard officers, the National Security Council issued a classified presidential memorandum dictating a "controlled shift" of interdiction assets to other functions. At the same time, flight hours in the so-called "transit zone" between the United States and South America were cut by 50 percent, many interdiction aircraft and helicopters were put into mothballs, ship "steaming days" were cut by a third, and Department of Defense detection and monitoring budgets were reduced by more than half. Controlling for inflation, the aggregate government-wide drug interdiction budget has been cut 39 percent since the last year of the Bush Administration.¹⁹

The impact of these cuts was almost immediate: Between 1993 and 1994, U.S. interdiction forces experienced a 47 percent drop in their ability to stop drug shipments from Latin America. Cocaine seizures by the Customs Service and the Coast Guard fell by 70 percent and 71 percent, respectively, during the same period.²⁰ Overall interdiction effectiveness has dropped by a cumulative 64 percent between 1993 and 1996.²¹

Some, including General McCaffrey, have attempted to argue, against the evidence, that this reduced effectiveness was the result of changing trafficker routes, not vastly diminished levels of national effort. This argument is refuted by an interdiction study commissioned by the Clinton Administration itself. The study, performed for the Office of National Drug Control Policy by the EBR Corporation, using conservative assumptions, showed that restoring \$500 million in assets to the transit zone could cause seizures, jettisons, and mission-aborts totaling 130 tons of cocaine per year. In round terms, this means that restoring half the assets cut by the Clinton Administration could result in the seizure or disruption of more than the entire amount of cocaine seized domestically every year.

Stimulating Demand. Cuts in interdiction and law enforcement have had additional consequences that should have been predictable to anyone with even a modicum of understanding of the basic economic laws of supply and demand. Between 1993 and 1994—the first year of the "controlled shift" away

from interdiction—the retail price of a gram of cocaine dropped from \$123 to \$104. Two years later, the price was still a low \$107 per gram. Heroin prices have fallen even more sharply, from \$1,647 per pure gram in 1992 to \$966 per gram in February 1996.²² The increased availability of such relatively cheap drugs has helped drive hard-core drug use—as reflected in emergency room admissions—to record levels.

While most drugs are produced in inaccessible regions overseas, limiting the impact of U.S.-sponsored eradication programs, the bulk of the marijuana consumed in the United States is produced domestically. Domestic marijuana eradication under the Bush Administration was highly successful—so successful, in fact, that marijuana became more expensive, ounce for ounce, than gold. Hawaiian producers were forced to import marijuana to satisfy local demand for the first time in recent history.

The Clinton Administration, however, has deemphasized marijuana eradication. There has been a 59 percent reduction in cultivated plants destroyed since 1992.²³ The drug budget of the U.S. Park Service has been cut 22 percent from the FY 1992 level,²⁴ resulting in a 47 percent reduction in plants eradicated by the Park Service. Once again, increases in supply have fueled demand (use by 8th graders has increased 184 percent since 1992) and caused prices to drop (marijuana prices are at the lowest level in eight years).

The ubiquitous availability of illegal drugs—*de facto* legalization—is confirmed by the Administration's own data. According to the latest White House report on drug use,²⁵ heroin is now so cheap and pure that it has "driven new demand and drawn some former addicts back into use." Meanwhile, the availability of cocaine and crack is described as "high," and marijuana is "plentiful and potent" and "widely available" in all areas of the country except California.

By making drugs more expensive, aggressive interdiction and law enforcement efforts reduce use among particularly vulnerable inner-city populations by forcing addicts to spend their limited disposable income on a smaller quantity of drugs.²⁶ A cocaine addict named "Joe," interviewed for a book²⁷ on the impact of cocaine, describes the phenomenon: "What keeps you from dying is you run out of money." Conversely, paring back supply reduction programs hits hardest those who are most heavily addicted and least able to resist drug use.

Rising Emergency Room Cases. This phenomenon is evident in the record number of drug-related emergency room admissions that have followed in the wake of the Clinton Administration's cuts to enforcement and interdiction programs. (It is instructive that these record increases have occurred despite the Clinton strategy's stated concern for hard-core addicts, the primary population captured by the emergency room statistics.) Compared with the first half of 1994 (which was then the high water mark for drug-related emergency room cases), cocaine-related emergencies have increased 12 percent (from 68,400 to 76,800); heroin-related episodes have risen 27 percent (from 30,000 to 38,100); marijuana-related episodes have increased 32 percent (from 19,100 to 25,200); and methamphetamine cases have jumped by a staggering 35 percent (from 7,800 to 10,600).

Hard-core addicts deserve access to treatment, but experience teaches that the typical addict will cycle through the treatment system several times over a period of years before getting off drugs, with many never reaching that goal. A 1994 RAND study found that only 13 percent of heavy cocaine users who receive treatment are either non-users or light users at the end of a year. The study also found that 20 percent of heavy users continue to use drugs while in treatment.²⁸

Getting serious about hard-core drug use ultimately requires America to do more to fight youthful drug use: While hard-core users are mostly beyond the reach of drug treatment professionals, today's young people can be dissuaded from going down the road that leads to hard-core addiction. In fact, those who reach age 21 without using drugs almost never try them later in life. Conversely, drug users almost always start young, and almost invariably by smoking marijuana.²⁹

An About Face? With U.S. Army General Barry McCaffrey's appointment as the new point man on drugs, the President indicated he was reversing his decision to gut ONDCP and discarding his misguided strategy of targeting hard-core users. The editors of *The Washington Post* called the change an "about face." President Clinton was able to capitalize on the installation of a tough-minded general; White House aide Rahm Emanuel was candid enough to say that the changes were "what the President believes will help us improve on our record."³⁰

Given the Clinton Administration's previous track record, however, it remains unclear whether Director McCaffrey's appointment means a genuine change in course. His is a managerial position that accords him little line authority, and his policy accomplishments will depend largely on his willingness and ability to take on the various empires of the federal bureaucracy. This in turn will depend on the degree to which he is supported by the President of the United States.

Unfortunately, early indications suggest that Director McCaffrey may be reticent to test the President's commitment to an effective anti-drug strategy. For instance, McCaffrey recently sided with the Department of State in supporting a determination that Mexico had "cooperated fully" with the United States on drug control matters, even though the head of the DEA objected that the government of Mexico had not done enough to warrant that designation. This determination was made even though the Administration could have waived the sanctions that typically accompany decertification.

This decision sounds a disturbing signal about the degree of General McCaffrey's leverage on drug questions. The United States imports 400 tons of cocaine annually, 70 percent of it transshipped through Mexico. Yet Mexico's seizures have slumped to roughly one-twentieth of the amount passing through their country. Arrest figures are down significantly, and the former president's brother, Raul Salinas, has been arrested on suspicion of "drug-related charges." Four Mexican trafficking "confederations," meanwhile, operate with relative impunity. But President Clinton's statement to Congress explained away Mexican inaction on the peso crisis and declared weakly that President Zedillo's administration has "set the stage for action against the major drug cartels in Mexico."³¹ For too long, the U.S. has accepted at face value repeated Mexican promises of future aggressive action against the drug trade. It is time for such complacency to end.

McCaffrey also appears to have had little positive impact on recent high-level appointments. For example, on June 12, 1996, Patricia M. McMahon was nominated to serve as his Deputy Director for Demand Reduction, a post that requires Senate confirmation. A former Clinton campaign worker with little substantive background in drug policy, Ms. McMahon's appointment to a lower-level position was criticized by the *Washington Post* in the early days of the Clinton Administration as "an example of continued political patronage."³² Her principal contribution to

the White House drug office was to serve as the political operative who carried out the slashing of the staff by 80 percent at the start of the Administration.

THE COMPONENTS OF A NEW ANTI-DRUG POLICY

The President and Congress can retake the initiative in the continuing struggle against drug use and the agents of the criminal network that is exporting poison into America's neighborhoods. But this cannot happen without the full leadership of the President and his Administration.

The Administration must take several decisive steps:

Use the bully pulpit. When President George Bush gave the first national primetime address of his presidency, it was on the drug issue. By doing this, he followed the example of visible and emphatic national leadership set by President Reagan and First Lady Nancy Reagan. The national effort against drugs—carried on by parents, young people, local people, local religious leaders, neighbors, local law enforcement, educators, medical personnel, and local government officials—gains immeasurably from strong, visible presidential support. But it is weakened considerably by the perception of presidential indifference.

Do more in Latin America. Fighting drugs at the source makes sense. Federal authorities ought to be going after the beehive, not just the bees. Foreign programs are also cheap and effective.

An example: America's chronically underfunded program in Peru will cost just \$16 million to run in FY 1996. But targeting even that meager amount effectively can work. The Peruvians have managed to shoot down or disable 20 trafficker airplanes since March 1, 1995. Unfortunately Peruvian President Fujimori's aggressive line on drugs actually caused President Clinton to bar Peru from receiving radar tracking data. That decision has badly damaged Peruvian-American relations, but Fujimori has continued to work with the United States, and much more can be done at very small cost. The Peruvian air force currently uses obsolete A-37 jet trainers from the 1950s. For \$50 million, the United States could equip the Peruvians with new tracker aircraft, improved night-flyer gear, and spare parts. This is an opportunity to save American lives by helping the Peruvians press their attack on traffickers. In addition to helping countries like Peru, the United States should make effective cooperation in fighting drugs one of the most important requirements for Latin nations seeking good diplomatic and economic relations.

Set more sensible budget priorities. The Department of Defense today is allowed to spend only 0.3 percent of its budget on preventing the inflow of drugs. The U.S. military cannot solve the drug problem, but it can make a profound contribution to cutting the flow of drugs through interdiction. The budget needs to reflect this national priority.

Reduce marijuana availability. The federal government urgently needs to restore leadership to the fight against marijuana production, trafficking, and use. Federal marijuana penalties need to be stiffened, partly by eliminating the loophole that allows marijuana smugglers to be treated far more leniently than marijuana growers. Federal eradication efforts need to be reinvigorated.

Block lower crack sentences. Last year, the United States Sentencing Commission proposed steep reductions in sentences for crack dealers. Those changes were blocked by statute. In its 1997 amendments cycle, the Sentencing Commission should be blocked, and the Commission should be barred from proposing changes in criminal penalties

where Congress has established mandatory minimum sentences, except in an advisory format that would require affirmative congressional action before taking effect.

Stop undercutting those drug treatment programs that do work. Taxpayers have heard the stories about waiting lists for drug treatment. Waiting lists are not fiction—they do exist. On the other hand, one program that rarely has waiting lists in Mitch Rosenthal's well-regarded Phoenix House, a tough program where addicts spend 18-24 months literally learning to live new lives. Programs like Phoenix House have a proven track record dating back to 1967. But they are unpopular with addicts because, to quote one analyst, "a residential program with constricted freedom, rigorous rules, and enforced separation from drugs is the last place most addicts want to find themselves, at least initially."³³ Nevertheless these approaches work. Yet taxpayers today pay billions of dollars on drug treatment that allows the addicts to decide for themselves how rigorous and how long their treatment will be. Not surprisingly, this arrangement does not work very well.

In addition, while many faith-based treatment programs report remarkable success with the addicted, their religious character usually bars them from receiving government treatment funds. In a break from current policy, Representatives Jim Talent (R-MO) and J.C. Watts (R-OK) have introduced a bill, the American Community Renewal Act of 1996 (HR 3467), which would allow the neighborhood groups, including religious institutions, the same access to federal funds that is enjoyed by other drug treatment and counseling facilities. States also would be able to contract with these drug treatment centers. Discrimination against effective religiously based programs should end. Taxpayer funding for drug treatment should be tied strictly to results, religiously based programs should be eligible for funding, and addicts who seek publicly funded treatment should be required to enter rigorous programs and face real sanctions if they fail to complete them.

CONCLUSION

The Clinton Administration has a poor record in fighting the war on drugs. Interdiction efforts and prosecution for illegal drugs are down, illegal drug usage and emergency room admissions are up, and there has been an absence of credible presidential leadership on this issue. Part of the problem also has been a failure in personnel management: the inability or unwillingness to appoint effective leaders in key positions to articulate and enforce a strong anti-drug message, as well as inappropriate reductions in staff at agencies dedicated to dealing with the problem on the front lines. With the appointment of General Barry McCaffrey as Director of the Office of National Drug Control Policy, this situation may improve, although the McMahon appointment is far from encouraging.

American taxpayers need and deserve presidential leadership on this issue. Members of Congress also need to focus federal efforts on law enforcement and interdiction programs that work, and fund only those rehabilitation programs that have a track record of success. One way Congress can do this is to allow funding for drug counseling and drug rehabilitation programs provided by religious organizations. Congress and the states also should undertake a tough re-evaluation of existing grant recipients to make sure that funding is going to programs that work best in reducing dependency on illegal drugs.

America's illegal drug problem is complex and presents a special challenge for policymakers in Congress and the White House.

But the complexity and the difficulty of the issue are no excuse for ineffective policy and a lack of serious effort.

Prepared for the Heritage Foundation by John P. Walters³⁴ and James F.X. O'Gara.³⁵

FOOTNOTES

¹U.S. Department of Health and Human Services, Preliminary Estimates for the 1994 National Household Survey on Drug Abuse, September 1995.

²University of Michigan Institute for Social Research, Monitoring the Future, December 15, 1995.

³Ibid.

⁴U.S. Department of Health and Human Services, Preliminary Estimates from the Drug Abuse Warning Network, Advance Report No. 14, May 31, 1996.

⁵Ibid.

⁶President Clinton's message accompanying Office of National Drug Control Policy's National Drug Strategy, February 1994, p. iii.

⁷Hearing before the Senate Caucus on International Narcotics Control, April 25, 1996.

⁸CNN News, January 31, 1994.

⁹Hearing before House Subcommittee on National Security, International Affairs, and Criminal Justice, April 7, 1995.

¹⁰See note 1, supra.

¹¹The New York Times, March 26, 1993, referring to previous Clinton statements. Unfortunately for the President, his most memorable public statement in connection with the drug issue still was "I didn't inhale."

¹²Wolfgang Munchau, "Clinton's Team Split on Drugs," The Times (London), December 8, 1993.

¹³In an interview with MTV, for example, when asked whether he would "inhale" given the chance to "do it over again," Clinton merely provoked laughter: "Sure, if I could. I tried before." MTV interview, June 12, 1992.

¹⁴Hearing before the Senate Judiciary Committee, October 20, 1993.

¹⁵Office of National Drug Control Policy, National Drug Control Strategy: Budget Summary, February 1994.

¹⁶Prosecution figures are derived from the Executive Office of U.S. Attorneys (EOUSA) as well as the Administrative Office of the U.S. Courts (AO). The AO and EOUSA numbers differ because the two entities practice a different "leading charge" system; only the AO includes misdemeanor cases; and the AO includes cases brought by magistrate judges.

¹⁷H.G. Reza, "Drug Runners Arrested at Border Often Go Free; Smuggling: Crackdown Leads to More Seizures, but Jail Overcrowding and Clashing Priorities Force Suspects; Release," The Los Angeles Times, May 12, 1996, p. 1.

¹⁸Robert C. Bonner, "Clinton's Flawed Drug-Smuggling Policy," San Diego Union-Tribune, June 4, 1996.

¹⁹In 1989 constant dollars, the interdiction budget declined from \$1.73 billion in FY 1992 to \$1.05 billion in FY 1996.

²⁰Customs cocaine seizures fell from 35.4 metric tons (mt) in FY 1993 to 10.7 mt in FY 1994. Coast Guard cocaine seizures fell from 15.4 mt in FY 1993 to 4.4 mt in FY 1994.

²¹The "disruption rate" is the total amount of cocaine and marijuana that is seized, jettisoned, or "aborted" (returned to the source country as a result of interdiction or law enforcement presence). Data sheet from Joint Interagency Task Force-East, Key West, Florida, April 26, 1996. The daily disruption rate fell from 435.1 kgs/day in 1993 to 228.7 kgs/day in 1994, and still further to 158.1 kgs/day during the first 15 weeks of 1996.

²²U.S. Department of Justice, Drug Enforcement Administration, and Abt Associates, Average Price and Purity of Cocaine in the United States, Average Price and Purity of Heroin in the United States, May 28, 1996.

²³According to the Department of Justice, 3.04 million cultivated plants were eradicated in 1995 compared to 7.49 million eradicated in 1992.

²⁴The Park Service drug control budget was cut from \$11.1 million in FY 1992 to \$8.7 million in FY 1996.

²⁵Office of National Drug Control Policy, Pulse Check: National Trends in Drug Abuse, June 1996.

²⁶For example, a 43 percent increase in cocaine prices in 1990 (the first such increase in five years) paralleled a 27 percent reduction in cocaine-related emergency room admissions and overdoses (the first such reduction in 12 years).

²⁷Eugene Richards, Cocaine True, Cocaine Blue (Aperture).

²⁸C. Peter Rydell and Susan S. Everingham, Controlling Cocaine: Supply Versus Demand Programs (Santa Monica, Cal.: RAND, 1994).

²⁹According to the Center on Addiction and Substance Abuse at Columbia University, 12- to 17-year-

olds who use marijuana are 85 times more likely to graduate to cocaine than those who abstain from marijuana.

³⁰Ann Devroy, "About-Face; Clinton to Restore Staff He Cut from Anti-Drug Office," The Washington Post, March 6, 1996, p. A15.

³¹Memorandum from the President of the United States to the Secretary of State, Certification of Major Narcotics Producing and Transit Countries, Statement of Explanation: Mexico, March 1, 1996.

³²Michael Isikoff, "Drug Director Urged to Hire Hill Aides; Memo Asked Director to 'Do Something' for Congressman Rangel," The Washington Post, August 19, 1993, p. A27.

³³Sally Satel, "Yes, Drug Treatment Can Work," City Journal, Summer 1995.

³⁴John P. Walters is President of the New Citizenship Project, an organization created to advance a renewal of American institutions and greater citizen control over national life. During the Bush Administration, he served as Acting Director and Deputy Director of the White House Office of National Drug Control Policy (ONDCP).

³⁵James F.X. O'Gara is Director of Research for the New Citizenship Project. He previously served as drug policy advisor to Senator Orrin G. Hatch (R-UT), Chairman of the Senate Judiciary Committee, and has served as assistant to the Administrator for DEA for foreign policy matters.

Mr. HATCH. I thank the distinguished Senator from Georgia for his leadership in this area, for being willing to get out here and talk about these issues. I have been talking about them for a long time. I am disappointed we have not made more headway, but it certainly has not been for lack of effort on the part of our friend from Georgia.

I want to say in all honesty, we have to fight this war. We have to give it everything we have. We have to have leadership at the top. We do not have it right now but we are going to keep this pressure on until we get it, one way or the other.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Georgia.

Mr. COVERDELL. I thank the Senator from Utah for, as he has acknowledged, long and diligent work in this arena. A lot of Americans can be particularly thankful for that work.

Mr. HATCH. I thank my colleague.

Mr. COVERDELL. I appreciate his remarks this morning. At this time I yield up to 10 minutes to the Senator from Arizona.

THE PRESIDING OFFICER. The Senator from Arizona is recognized for up to 10 minutes.

Mr. KYL. Mr. President, I thank the Senator from Georgia for organizing this time to speak about this incredibly important issue. While we do not intend this to be an issue that is partisan in nature, as the Senator from Utah, the distinguished chairman of the Judiciary Committee, has just pointed out, although this is clearly a bipartisan effort, or should be, it is impossible to deal with the issue without, I think, criticizing some of the people who have been unable thus far, or unwilling, to fight this war on drugs, to level that criticism as a way of pointing out what needs to change.

I would not be so willing to do this if President Clinton had not made this a partisan political issue in the first place. That is what angers me so much. We just saw the Senator from Utah, the distinguished chairman of the Judiciary Committee, point out that from

1980 to the end of 1992, during the time of Republican administrations, drug use on all fronts had declined dramatically. In the Presidential campaign of 1992, here is what then-candidate Bill Clinton had to say:

[President Bush] hasn't fought a real war on crime and drugs. I will.

Maybe if he had not said that, maybe if he had not made that promise, I would not be so critical of him today for failing to keep that promise. But as the chart that Senator HATCH just showed us reveals, from the time that President Clinton took office, drug use among young people in all of the categories increased. So you saw during the entire time of the Reagan and Bush administrations drug use going down and then, when President Clinton took office, drug use sharply going up. That is why it angers me to go back and see statements like this during the campaign 4 years ago, when he criticized President Bush for not being tough on drugs, and said he would fight the war on drugs. He has not done it and that is why we are critical here today.

It is not to try to throw barbs at the President, but to try to get him on board on this issue, because this is critical for the future of the United States and for our kids. Specifically, when usage of hard drugs among White House personnel was finally revealed in the media, after having been denied by Presidential spokesmen, we get the kind of reaction that Senator HATCH just pointed out, coming from the White House, that suggested that using drugs is no big deal. It was Leon Panetta 2 years ago who attacked House Speaker NEWT GINGRICH for his comment that the delay in the White House granting clearance to a large group of staffers might be in part due to drug use by some of the staffers.

That was the information people had at the time, but it was not then confirmed. Here is what Leon Panetta said:

We cannot do business here with a Speaker of the House who is going to engage in these kind of unfounded allegations.

The people at the White House at that time knew those were not unfounded allegations. Now, 2 years later, the news accounts report that in fact at least a dozen staffers were taken on board, over the objection of the FBI and Secret Service because of their hard core drug use. Now what do the spin meisters at the White House talk about? Of course they are no longer unfounded accusations. Now it is just the excuse that, well, everyone was doing it. Press Secretary Mike McCurry:

I was a kid in the 1970's. You know, did I smoke a joint from time to time? Of course, I did. And the FBI knows that, and that was in my background file.

The "of course, I did" is what bothers so many of us. The White House is the ultimate bully pulpit in the United States. The tone set there permeates our entire culture. Our young people look to the President for his leadership on issues, to set an example, to be a

role model. When his chief spokesman tosses off his drug use with a mere cavalier "of course, I did," inferring that everybody did, that suggests it is behavior that is acceptable. It is against the law and it is not acceptable behavior.

So, when the people at the highest levels in the White House treat the issue so cavalierly, is it no wonder the young people in our country, who are obviously susceptible to this kind of language, treat it cavalierly as well? Yet this is the same White House that is blasting Senator Dole for his comments that not necessarily everyone is addicted to tobacco use. It seems to me there is a gross double standard here, at a minimum. But that at maximum, one might say, more important, for the young people in our country this administration has squandered the assets that had been brought to bear in the war on drugs, had squandered the success of the Bush and Reagan administrations when drug use was brought substantially down.

Senator HATCH has pointed out many of the things that have occurred during this administration, like the drug czar's office staff being cut more than 80 percent. After a year of leaving the drug czar's office vacant, finally the President selected Lee Brown, who was only in office for a few months. His major initiative was to have "Big League Chew" bubble-gum removed from convenience store chains. It did not do much to fight the war on drugs.

Then he appointed as our Nation's top health official Joycelyn Elders, who said "[I] do feel we would markedly reduce our crime rate if drugs were legalized." In one sense I suppose if you remove all prohibitions on illegal activity, you reduce the illegal drug use rate, at least measured against what it was during the war on drugs, but that is obviously not the way to protect the future of America's children. Particularly since we understand that the use of drugs such as marijuana leads to the use of much harder drugs. That is why the President's reduction in requests for funding from interdiction to law enforcement have not been welcomed by the Congress, and why the Congress has wanted to fund those programs at a higher level.

Just summarizing what Senator HATCH said a moment ago, with the reduction in the officers from FBI, INS, Customs Service and Coast Guard, they would have lost 621 drug enforcement agents had the Congress not put the funding back in. And he mentioned the fact we did not train special agents of the DEA in 1993. But when the Congress has finally insisted on increasing the drug interdiction effort, for example in the bill we just dealt with last week, we get emphasis—indications from the White House that they will support those increases. I hope that is true.

According to the Wall Street Journal, the Attorney General, Janet Reno, "announced that she wanted to reduce

the mandatory minimum sentences for drug trafficking * * *." Statistics released by the Administrative Office of the U.S. Courts reveal that, although drug use is going up, the number of individuals prosecuted for Federal drug violations is going down. That is what we have to change. This de facto strategy of the administration in fighting drugs was to deemphasize interdiction, law enforcement and prevention and concentrate on treatment. Yet, as has been pointed out, treatment is not the answer to this problem. It is only one small piece of the puzzle. And a 1994 study by the Rand Corp. found that 27 percent of hardcore drug users continued hardcore use while undergoing treatment. And fully 88 percent of them returned to hardcore drug use after treatment. So the recidivism rate was very, very high.

Let me just hesitate here to make a point. In criticizing the administration's efforts here, again I do not intend to be partisan. There have been a lot of Democrats who have been equally critical. Senator BIDEN, the ranking Democrat on the Senate Judiciary Committee, said:

This President is silent on the matter. He has failed to speak.

Representative Charles Rangel, a Democrat from New York whose district has a very serious problem in this regard said:

I've been in Congress for over two decades and I have never, never, never seen a President who cares less about this issue.

So I am not just speaking from the perspective of a Republican, Mr. President. I am speaking as someone who cares about our future and who has noted it is people on both sides of the aisle who are deeply committed to fighting this war who are also critical of this administration.

The chairman of the Judiciary Committee pointed out that marijuana use is up; that one in three high school seniors now uses marijuana. That is an astounding statistic. Why is it important? Because, as I said a moment ago, according to surveys by the Center on Addiction and Substance Abuse, 12- to 17-year-olds who use marijuana are 85 times more likely to graduate to cocaine than those who don't use marijuana.

So those who argue that marijuana use, so-called "soft drugs," are not important are ignoring scientific evidence that almost all of the people who use those kinds of drugs graduate to harder drugs. That is why it is so important to stop this drug use at that level.

What can we do to recapture the initiative on this war on drugs? First of all, on interdiction, the action we just took last week, we have to see renewed efforts by Federal agencies responsible for fighting drugs to spend greater resources, identifying the sources, methods and individuals involved in trafficking.

Enforcement I mentioned a moment ago. Drug prosecution under this administration has decreased. Those violating our drug laws must be prosecuted, and we have to make sure those who are profiting from the drug trade are severely punished.

Finally, education and prevention. Kids need to learn and be constantly reminded that drugs are harmful, and that is where the President's bully pulpit comes in.

They laughed at President Reagan and his wife when they said that we should "just say no." I think they were making a big mistake. We know the President has to say no.

Mr. President, I ask for 30 seconds more from the Senator from Georgia, since I know my time has expired.

Mr. COVERDELL. I yield another minute to the Senator from Arizona.

Mr. KYL. Mr. President, I appreciate that. That will enable me to make this final point.

We are doing our part in Congress to revitalize this war on drugs. We just passed the Commerce, State, Justice appropriations bill, which will improve our enforcement and interdiction efforts. It increases the funding substantially. I think, however, once we have done this, the President is going to have to help us regain the initiative by demonstrating that the administration is just as concerned about this effort as is the Congress. Of course, another option is to elect a President who really seems to care about this effort. But that is another matter.

Let me say in conclusion, this effort should be bipartisan. It has to be coordinated. The President and the Congress have to join in the effort, and we have to convince the younger people in our country that the trend of drug use that is now going up must be reversed if their future is going to be great and if the future of America is going to be great, because all Americans bear the cost of drug abuse through increased crime and increased taxes to pay for welfare and other social programs and all the other costs to society that can't be measured.

It is time to resume the drug war. America's future is at stake.

I commend the Senator from Georgia for taking this time so we can emphasize the issue and get on with this important effort.

Mr. COVERDELL. Mr. President, I wonder if the Senator from Arizona will stay with us for just a moment.

I would like to read an editorial that appeared in the Boston Globe on Tuesday, July 23. It relates to his remarks. It quotes Speaker GINGRICH in December of 1994. He said on a television show:

I had a senior law enforcement official tell me that, in his judgment, up to a quarter of the White House staff, when they first came in, had used drugs in the last 4 or 5 years.

He said:

Now, that's very serious. I'm not making any allegation about any individual person, but it's very clear that they had huge problems.

It goes on. This editorial says:

Then the sky fell in. "We cannot do business here with a Speaker of the House who is going to engage in these kinds of unfounded allegations," fumed Panetta. He lashed Gingrich for behaving like an out-of-control talk show host, for making an absolutely false accusation, for trafficking in smear and innuendo.

George Stephanopoulos has labeled Gingrich "irresponsible." Hillary Clinton said, "So unfair." Press Secretary Dee Dee Myers called them "reckless charges."

McCarthyism was alluded to. That was the beginning of the demonization of the Speaker. Let me ask this question of the Senator from Arizona. Don't you think these people owe him an apology?

Mr. KYL. Mr. President, I am so glad that the Senator from Georgia has asked that question, because now that this has been reported on in the media 2 years after the fact and some people from the White House have, apparently, acknowledged that there is truth to these allegations, I think that every one of the people who smeared House Speaker NEWT GINGRICH not only owe him an apology—and it should be a very direct and specific apology—for the comments that the Senator from Georgia just read, but they owe an apology to the American people, because they, in smearing him, suggested that he was lying, that he was not telling the truth, that the allegations were unfounded, when, in fact, they either knew or should have known what was going on in the White House, why those clearances had not been granted. Therefore, it is they who were misleading the American public by suggesting that what he said was untrue.

So I have been wondering for some time when we would receive an apology, and I think it is as important that the House Speaker receive an apology.

I happened to see the Sunday morning talk show when Speaker GINGRICH said what he said. I saw him say it, and I thought at the time, "Boy, he was certainly careful how he repeated that allegation because it was all over the news media."

He was very careful in saying, "Now, I'm not making allegations, this is what a high-ranking official told me, and if it is true, it's very bad."

Well, all of the qualifications went out the window when all the White House pack dogs immediately attacked him the next day suggesting he was the one who was some kind of wild accuser here.

That is why I think the Senator from Georgia hits the nail right on the head when he suggests that each one of these people owes the Speaker a very specific apology. And if I can go further and suggest they should apologize for misleading the American people as well.

Mr. COVERDELL. If the Senator will yield.

On dozens of editorial pages—

I am quoting—

there were comparisons to the most infamous demon in American history. The Geor-

gia Republican's words, said *Newsday*, were laced with the kind of innuendo which fueled McCarthy's witch hunt. To Herblock, the Washington Post venerable cartoonist, Gingrich was McCarthy, cruelly blackening reputations with a broad brush.

I think there are a lot of people who owe the Speaker an apology. This attack was very harmful to this gentleman, and you alluded to it. There is no way that all of these people in the White House could not have known about the problems they were having in getting White House clearance. I believe they not only owe him an apology, but they owe him an apology at the same level to which they leveled this attack: a public apology from all of them, not just one of them on their behalf.

Mr. KYL. If the Senator from Georgia will yield for a moment, the point here is not to extract an apology for the sake of an apology, but rather, I think, to make a larger point.

Clearly, when the Speaker of the House is vilified the way he was without good reason, and we know now incorrectly if not with animus, he is owed an apology. But the point of these attacks was to try to distract attention away from the specific charge and the problem that was being alluded to by the Speaker.

That is where I think these people owe an apology to the American public, because they were trying to divert attention away from a condition, a problem, and it is very much like the way the administration has treated this drug war from the very beginning.

It is basically a nonwar, and that is why drug use has gone up during this administration's tenure. They have to focus back on the fact that what they say matters. The way the President acts matters a great deal, especially to the young people in this country.

He is the first really young new-generation President here. As a result, I think young people really look to President Clinton because he is younger than most of the Presidents have been in recent years. When they see him act in a relatively cavalier way, then they are going to pick up on that. That appears to be what is happening, if you look at the statistics.

So again, while it is important to apologize to the Speaker, because what they said about him was extraordinarily unfair and inaccurate, I think it is more important, again, that they get back on track in fighting the war on drugs by apologizing to the country as a whole for trying to distract attention from the problem in the White House, trying to distract attention from what was going on here in their inadequate effort to fight the war on drugs and refocus attention on the very, very difficult nature of this problem.

President Clinton has an extraordinarily great ability to be persuasive, to demonstrate that he cares about things. And if he were to mount the podium with the same sincerity that

Nancy Reagan and Ronald Reagan did and George and Barbara Bush to tell the young people of today why it is so destructive for them to begin this path of doing drugs, I think he could be enormously helpful. He could be so powerful in his appeal and reach to these young people.

So instead of obfuscating the issue and accusing others of making too big a deal out of it, as they did with Speaker GINGRICH, I think they ought to try to focus on what they can do to help. It would be a tremendous benefit if they would do that. I thank the Senator from Georgia.

CULTIVATING THE FUTURE

Mr. GRASSLEY. Mr. President, a wise man once said that what is honored in a society is cultivated there. In other words, what a society believes is important and respects, it will teach its children and demand in its public life. I have been concerned in the last few days by what it seems to me that we are honoring in our society. And I am concerned because of that about what we may be cultivating for the future.

I am concerned about what we have learned in the past few days and weeks about the attitudes the Clinton White House has about security clearances and security procedures in general. I am also concerned about drug use, respect for privacy, and regard for simple facts straightforwardly presented. I am concerned about what attitudes on these issues, coming from the Nation's first household, are communicating to the public. I am particularly troubled about the White House's seemingly cavalier attitude about drug use and about the message that this careless viewpoint is sending.

Based on reporting in the Washington Post, "The Secret Service in 1993 balked at granting permanent passes to about a dozen people in the Clinton White House because of concerns about recent use of illegal drugs that in some instances included crack cocaine or hallucinogens. . . ." But this is not all. The problem was evidently so serious as to require the unprecedented step of establishing a special drug-testing program in the White House. We have heard that this involves only a few people. But then we also heard from the same White House that there were only a few unauthorized FBI files. That story had to be revised several times as the numbers grew. Perhaps that will not happen here, but the numbers are not really the issue.

What is of concern is the principle. In the files case, one file improperly obtained, illegally reviewed, and carelessly kept was too many. In any normal operation, the person responsible for this chain of slipshod management would be identified, fired, and, if a crime was committed, prosecuted. In the present case, however, the White House not only does not know who was

responsible, they cannot or will not figure out who hired him. Based on this White House's public assertions about hiring practices in the world's most important household, Rosy the Bag Lady could have moved locations from Lafayette Park into the West Wing, gotten a White House pass, and set up shop with no one the wiser.

As in the files case, it is the principle that matters in the White House's attitude about drug use. It is what actions there say publicly about what is honored and what should be cultivated. Perhaps it should come as no surprise that a President who did not inhale should see no problem in hiring known drug users to sit on the world's most visible front porch. But what is of more concern than this peculiar tolerance is the response of the President's spokesman to the issue. Let me quote his remarks. "I was a kid in the 1970's," he said. "You know, did I smoke a joint from time to time?"

Of course, I did." Of course? There is a lot of consequence in that "of course." As Mr. Bennett, the country's first drug czar noted, that "of course" is very disturbing. Mr. Bennett asks a very important question: "What exactly did Mr. McCurry mean by 'of course'? That every young person used drugs in the 1970's? Or that it was no big deal?" In either case, as Mr. Bennett notes, the President's spokesman is wrong. He not only has the facts wrong, he has now put the White House behind the notion that drugs are no big deal.

Mr. McCurry's words are very revealing. They are dismissive of the idea that drug use is of any serious concern. They indicate an indifference to the realities of drug use. And, for a White House whose clearest competency is in message management, it shows a remarkable ignorance of the importance of using the bully pulpit of Presidency to send a clear, antidrug message. We need to remind ourselves that Mr. McCurry did not make these remarks in private. He is no babe in the woods. He did not get trapped. He did not speak out thinking that the microphones were turned off. Mr. McCurry made these remarks to the press as the chief spokesman for the President of the United States. Say what you will, his remarks are now an indelible part of the public record. So too, are the White House's attitudes to drug use revealed here.

I am sure that in the next few days we will have more clarifications about the position. I am sure that these clarifications will include the typical accusations that discussion of the issue at all is just partisan politics. But, what remains is a public demonstration about how this White House thinks about drugs. It reflects a casualness about the drug problem that is communicated to the public. It is a communication that, frankly, concerns me a great deal.

On a number of occasions I have raised my concern on this floor about

the dramatic rise in teenage drug abuse. If there are any of my colleagues who have not acquainted themselves with the realities of what is happening with kids and drugs today, I urge them to take a look at the facts. I think that what they will find will disturb them. In brief, by whatever standard you use or reporting system that we currently have to tell us about drug use, teenage use is on the rise.

In the last several years, after more than a decade of decline, we are seeing returning drug use that is wiping out all the gains that we had made. What is just as alarming, teenage attitudes about the dangers of drug use are also changing for the worse. Today's kids see drugs as far less of a problem than did kids just a few years ago. Even worse, drug use today is starting even earlier. We are now seeing the problem affect 11 and 12 year olds. Unless you believe that drug legalization for kids is a realistic option or a responsible policy, then you cannot ignore what is happening under our very noses, in our homes, schools, backyards, and front porches.

In this context, do you think that remarks like the President's or Mr. McCurry's do not matter? Let us not kid ourselves about kids. What the White House says publicly is one of the ways we communicate lessons about what we honor and should cultivate. That the White House understands this is clear from what it has to say on other issues. On this issue, however, the message is anything but clear.

In March of this year, I co-chaired a Senate-House Task Force on National Drug Policy. Bob Dole and NEWT GINGRICH established the task force to take a look at the problem and recommend solutions. The report from that effort documents not only the present trend in drug use among kids, but the policies or lack of policies by the Clinton administration to deal with the problem. I invite all of my colleagues, the press, and the public to take a look at what the task force learned. It is sobering.

One of the essential findings of the report, which is hardly new, was that the bully pulpit for sending messages about what is right and wrong, good and bad, must be central to any drug policy. As the report notes, we must be consistent in our message. We must have words and deeds that are complementary not contradictory.

Democrats and Republicans over the last several years, however, have repeatedly noted that the administration, and particularly the President, have been virtually silent on the drug issue. The only serious pronouncements that anyone here or elsewhere likely remembers about this administration's drug policy was the President's remark that he didn't inhale. That and the repeated public statements by the Surgeon General of the United States calling for consideration of drug legalization. Except for these less than inspiring remarks, the drug issue simply disappeared in the first